

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32106**

LED SEP 22 1952

BIRTH NO.		REG. DIST. NO. <u>144</u>	PRIMARY REG. DIST. NO. <u>3032</u>	Registrar's No. <u>126</u>
1. PLACE OF DEATH a. COUNTY <u>Johnson.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri.</u> b. COUNTY <u>Johnson.</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg.</u> <u>0512</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>514, S. College.</u>		d. STREET ADDRESS (If rural, give location) <u>514, S. College.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Mullins</u> c. (Last) <u>Engel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 13, 1952.</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>
8. DATE OF BIRTH <u>2, Jan. 1876</u>		9. AGE (In years last birthday) <u>78</u>		10. <input type="checkbox"/> UNDER 1 YEAR Months <u>0</u> <input type="checkbox"/> UNDER 1 YEAR Days <u>0</u> <input type="checkbox"/> UNDER 1 YEAR Hours <u>0</u> <input type="checkbox"/> UNDER 1 YEAR Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer.</u>		11. BIRTHPLACE (State or foreign country) <u>Henry Co. MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Francis M. Engel</u>		13b. MOTHER'S MAIDEN NAME <u>Lavenia Mullins</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Ritter Engel.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Engel, Warrensburg, MO.</u> ADDRESS <u>MO.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ptomain poisoning</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis</u> <u>Several years</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Sept. 12, 1952</u> to <u>Sept. 13, 1952</u> , that I last saw the deceased alive on <u>Sept. 12, 1952</u> , and that death occurred at <u>9 A</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Wm R. Patterson MD</u> (Degree or title)		23b. ADDRESS <u>Warrensburg, Mo.</u>		23c. DATE SIGNED <u>9/13/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>14, Sept. 1952.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Centerview</u>
24d. LOCATION (City, town, or county) (State) <u>Centerview MO.</u>				
DATE REC'D BY LOCAL REG. <u>Sept. 13, 1952</u>		REGISTRAR'S SIGNATURE <u>Savannah Hutchins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney Phillips.</u> ADDRESS <u>Warrensburg MO.</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
SEP 15 1952
JOHNSON COUNTY HEALTH DEPT.

APR 24 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
working under my personal supervision.

Signed.....
Student Embalmer

Signed

R. G. Phillips

Student Embalmer No.....

Licensed Embalmer No. *2320*

P. O. Address *Warrensburg, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.